	٠.	1-K	بخ	(Colum	יינכט - פאר	RT (	* *				10	50,679
		3	FOR			(Column 2	· .	SMALL EN	TITV	<b>.</b>	j	HER THAI
	1	BASIC FE (3) OFR (	.16/=11	NUMBER	FILED	NUMBER EXTE	u ] [.	RATE		OR'	SM	ALL ENTITI
11	2) A	(37 CFR I	AIMS 16(c)	<u> </u>		· .	7,1	TATE	FEE		RATE	· fE
	•	INDEPEND	CUIT	_	inus 20 = .			25 13		OR		1, "
				<u>3</u> "	inus 3 z .		-     × 3	100 T		OR	x 50	
		MOCHPLE	MULTIPLE DEPENDENT CLAIMPRESENT (17 CFR 1.16(d))					100.	_	OR	x, 200	
		" If the diffe	ti the difference in column 1 is less than zero, enter "0" in column 2.					+5:180			,360	+
		1, ,	· QLAIMS	45 04454		colņwù S'		DTAL		ÓB [	+ 82 00	+
	DATIONAS AMENDED - PART II										TOTAL	
		A D	77	mn 1)	(Colum		31 _		•		-	
•	-1	Z.	REMA	MING	HIGHE	ST POSSE	<u> </u>	MALL ENTIT	Y	OR	OTHE	R THAN
٠	.	¥ Tol	AMENO	MENT	PREVIOU	ISLY EXTON		TE AD	DI.	-	RATE	ENTITY
•	-	Tol ON Core (		Min		1 =	1,2	FF	الم		100 F	ADD THEME
	ŀ	₹		Mine		-			1	DR X	.50	FE
	THIS I PRESENTATION OF MURTIPLE DEPENDENT TO											
•	TOTAL OR + 360											
	$\vdash$		(Column	1)	(Column	<b>a.</b>	ADO'L F	EE	0	TOT	AL	
			CLAIM REMAINI	NG I	HIGHEST	1	7	-		٠.	FEE	
	٤	Total	AFTER	NT .	PREVIOUSE PAID FOR	Y PRESENT	RATE	- A001-	7.			·
•	Š	(3) CFR (.40)	धा .	. Minus		-	1	TIONAL		"	ATE	ADDI TIONA
	AMENDMENT	(D) COR L. SEC		· Minus		-	x s 25	·	OR	x s 5	D	FEE
i	-	FIRST PRES	ENTATION OF MA	TEO 1 1510	× 3 100	<u> </u>	OR	× 5 2		<del></del> ].		
٠	•					- ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	+ s 180.		OR	+31		
ŀ			(Column 1)		· ·	•	ADO'L FEE		OR	TOTAL		
	TC		REMAINING		(Column 2) HIGHEST	(Column 3)			٠	YOU'	EEE	
- 1	AMENOMENT	Total	AFTER AMENDMEN	f 1	PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	7			
- [	ğ	DI OPR 1.16(ct)		Minus	PAID FOR	-	-	TIONAL		RAT		NDOI: ONAL
-	WE	indépendent (17 CFR 1.14(b))		Minus		-	x,25.		OR	x 550		FEE
-	4	FIRST PRESE	STATION OF MULTI	x s 100		OR	× ,20					
+3/80=												
1.	· · · ·	if the "Highest	Column 1 is less (1 Number Previous	han the entry k	column 2, write	: 70° in onl	TOTAL ADO'L FEE		OR	TOTAL	<del></del>	
Ĺ		ine Highest N	Number Previous	rraid for in	THIS SPACE I	: TO' in column 3. 5 fess than 20, ent i fess (han 3, enter	er "20",		OR	ADO'L FE	€ [	
VS	5 00 PTO	to process; an	mber Previously mation is require application. Con-	d by 37 CFR	al or Independe	less than 20, ent less than 3, enter ny is the highest of	Umber found in (	he appropriate			٠	

This collection of information is required by 37 CFR 1.16. The knormation is required to obtain or relain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800.P (O.9199 and select option 2